UNITEDHEALTH GROUP INC

Form 4

February 18, 2015

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

3235-0287

0.5

if no longer subject to

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005 Estimated average

OMB APPROVAL

Section 16. Form 4 or Form 5 obligations

may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

response...

burden hours per

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * WICHMANN DAVID S

2. Issuer Name and Ticker or Trading

Issuer

below)

Symbol

UNITEDHEALTH GROUP INC [UNH]

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)

02/17/2015

Director 10% Owner X_ Officer (give title Other (specify

6. Individual or Joint/Group Filing(Check

5. Relationship of Reporting Person(s) to

C/O UNITEDHEALTH GROUP, 9900 BREN ROAD EAST

President & CFO

(Street)

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

MINNETONKA, MN 55343

| (City) | (State) | (Zip) Tab | ole I - Non- | Derivative | Secui | rities Acqu | ired, Disposed of, | or Beneficiall | y Owned |
|--------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|----------------------------|-------|--------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactic Code (Instr. 8) | omr Dispos (Instr. 3, 4 | ed of | ` ′ | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock | 02/17/2015 | | M | 75,000 | A | \$ 48.355 | 587,382.321 | D | |
| Common Stock | 02/17/2015 | | F | 53,266 | D | \$ 109.76 | 534,116.321 | D | |
| Common Stock | 02/17/2015 | | M | 25,000 | A | \$ 49.789 | 559,116.321 | D | |
| Common Stock | 02/17/2015 | | F | 17,925 | D | \$ 109.76 | 541,191.321 | D | |
| Common Stock | 02/17/2015 | | M | 65,000 | A | \$ 59 | 606,191.321 | D | |

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| Common Stock | 02/17/2015 | F | 49,429 | D | \$ 109.76 | 556,762.321 | D | |
|-----------------|------------|---|--------|---|--------------|-------------|---|-----------|
| Common Stock | | | | | | 225.3987 | I | by 401(k) |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

$\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amou Underlying Secur (Instr. 3 and 4) | |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------|-----------------------------------------------------------|------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Am or Nu of S |
| Non-Qualified Stock Options (right to buy) | \$ 49.789 | 02/17/2015 | | M | 25,000 | 05/02/2006 | 05/02/2015 | Common Stock | 25 |
| Non-Qualified Stock Options (right to buy) | \$ 48.355 | 02/17/2015 | | M | 75,000 | 05/02/2009 | 05/02/2015 | Common Stock | 75 |
| Non-Qualified Stock Options (right to buy) | \$ 59 | 02/17/2015 | | M | 65,000 | 10/31/2009 | 10/31/2015 | Common Stock | 65 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--------------------------------|---------------|-----------|-----------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| WICHMANN DAVID S | | | | | | | | |
| C/O UNITEDHEALTH GROUP | | | President | | | | | |
| 9900 BREN ROAD EAST | | | & CFO | | | | | |
| MINNETONKA, MN 55343 | | | | | | | | |

Reporting Owners 2

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Signatures

Amy L. Schneider, Attorney-in-Fact for: David S. Wichmann

02/18/2015

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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